

I. Final text (11.44)

Start writing after the horizontal line:

From: Dr. Merinstein@sprazresearch.com
To: Dr. Lisa Cuddy
Subject: Patient introduction - Jessica Boyd

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Dear Dr. Lisa Cuddy,

I want to introduce a patient, Jessica Boyd, who presented to me last week. She seems to be a promising athlete having some of the typical teenage problems, but is meant to be quite a decent girl after all.

Jessica appeared with her father who turned out to be her coach and probably wants her to be a professional later on. That kind of made her answer my questions a bit reluctant and too short. After requesting him out the situation changed a bit and she started revealing to me why she came here.

Jessica is used to not having breakfast at all for some time now and prefers salad, low- calory meals or energy drinks when she decides to have something anyway. The fact that she is trying to loose weight does not seem to be farfetched then. I wanted to know sth. about her daily routine whereon she admitted to sometimes throw up after eating which - she pointed out - must have affected her running times already. Another statement that should be considered is that she began to have irregular periods since about three months. Maybe you can also have a short look at her right knee which - according to her father - started hurting especially right after training . I acutally don't assume big troubles behind that.

Diagnosis:

Based on her Symptoms it's safe to assume that she has anorexia nervosa, but a mixture of the restricting type and the bingeing type. She does compulsive exercises and calory counting. Additionally she mentioned to be nauseas at some time. The Patient also suffered of amenorrhoe for three months, which is a sign for anorexia nervosa.

Treatment plan:

Our primary goal for her medical treatment should be a nutritional counselling. Besides from that precise monitoring of her weight (incl. gain and loss) and daily calorie intake is essential. **Anyway her weight should be monitored more regularly.** But we should be aware of any comorbidities as well.

So in the first step we should gather them in a full examination depending on her symptoms she told.

~~Her weight should be monitored regularly.~~

Secondly we ought to consult a gynecologist about her amenorrhoe.

In the end we should send Jessica to a therapist. Involvement of her family would be tremendously helpful so I want you to prepare Jessica and if she agrees her father afterwards as well.

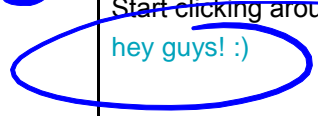
Kind regards,

Dr. Merinstein

II. Collaborative process

Time	Chat	Text	Comments
10.47	Anna Schulnitz 10:47 AM B-) _____		
10.48	Marwin Merklin 10:48 AM :D _____	<p>Welcome to your group's <i>Google Document!</i></p> <p>1. Get started:</p> <p>Basically, this is a word document - but all of you can work collaboratively AT THE SAME TIME. Start clicking around and you'll notice your peers' cursors!</p> <p>hey guys! :)</p>	
10.48		<p>Welcome to your group's <i>Google Document!</i></p>	

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		<h3>1. Get started:</h3> <p>Basically, this is a word document - but all of you can work collaboratively AT THE SAME TIME. Start clicking around and you'll notice your peers' cursors! hey guys! :-)</p>	
WM G WM	10.51 Matthias Gerber 10:51 AM hat irgendjemand noch die zusammenfassungen? _____ Anna Schulnitz 10:51 AM jep shouldn't we write in english? _____		
WM G WM	10.52 Marwin Merklin 10:52 AM ich hätte meinen teil teilweise probably _____ Anna Schulnitz 10:52 AM our summaries are online in the summary platform		

	<p>actually the only documkent there but why do we need the summaries ??</p> <p>_____</p>		
WM	<p>10.53 Matthias Gerber 10:53 AM i just need a few notes - ill print them out</p> <p>_____</p>	<p>3. Your text:</p> <p>Dear Dr. Lisa Cuddy,</p> <p>Situation: You are Dr. Merinstein, Jessica's treating physician. As you are just about to leave for a four-week vacation, you want to make sure that your holiday replacement, Dr. Lisa Cuddy, is aware of Jessica's situation as she will most likely be one of her first key patients.</p>	
WM	<p>10.54 Anna Schulnitz 10:54 AM so we need to intrduce the patient present the symptoms and provide a disnosis</p> <p>_____</p>		
WM	<p>10.55 Matthias Gerber 10:55 AM damn, cant find them. okay - ill</p>		

WM	<p>do it without notes should we divide tasts?</p> <hr/> <p>Anna Schulnitz 10:55 AM https://www.gwi.moodle.elearning.lmu.de/mod/assignment/view.php?id=65214 jep just like the groups we did for the last homewrok ok ?</p> <hr/> <p>Matthias Gerber 10:55 AM eg anna does introduction, i do symptoms and so on? good idea</p> <hr/>		
WM C	<p>10.56 Anna Schulnitz 10:56 AM so i'll do diagnosis because i think she has anorexia nervosa that was my text are you ok with that ?</p> <hr/> <p>Marwin Merklin</p>		

WM		<p>10:56 AM in my forum it's written "Keine Dateien vorhanden", but we don't need the summaries anyway yep</p> <hr/>		
WM		<p>Anna Schulnitz 10:56 AM ok</p> <hr/>		
WM		<p>Marwin Merklin 10:56 AM so i can do symptoms</p> <hr/>		
MM		<p>Matthias Gerber 10:56 AM okay, i dont see the notes you sent anna, probably cause you uploaded it. so could you please print it out for me anna?</p> <hr/>		
WM E	10.57	<p>Marwin Merklin 10:57 AM twice then if possible ;) i can do symptoms and maybe just watch the videos again therefore</p>		

WM		<hr/> <p>Anna Schulnitz 10:57 AM everything ?</p> <hr/>		
		<p>Matthias Gerber 10:57 AM no need to have everything - just my part</p> <hr/>		
		<p>Marwin Merklin 10:57 AM if i do symptoms i don't really need them</p> <hr/>		
WM WM	10.58	<p>Anna Schulnitz 10:58 AM are you ok with the notes?</p> <hr/> <p>Marwin Merklin 10:58 AM yep, thanks .. i made some too</p> <hr/>		

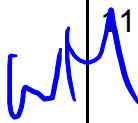
WM	10.59	Anna Schulnitz 10:59 AM ok _____		
WM	11.00	Matthias Gerber 11:00 AM ok, i had the text bout eating disorders in general. so ill do the introduction, okay? _____		
WM	11.01	Anna Schulnitz 11:01 AM perfect _____	<p>3. Your text:</p> <p>Dear Dr. Lisa Cuddy,</p> <p>As I am going to leave for my four-week holiday I just wanted to let you know about Jessica Boyd(?)</p>	

		<p>Situation:</p> <p>You are Dr. Merinstein, Jessica's treating physician. As you are just about to leave for a four-week vacation, you want to make sure that your holiday replacement, Dr. Lisa Cuddy, is aware of Jessica's situation as she will most likely be one of her first key patients.</p> <p>Objective:</p> <p>Write an email (300-400 words max.) to Dr. Lisa Cuddy in which you introduce the patient, describe the presenting symptoms (complaints), provide a diagnosis and recommend a treatment plan for her. Be factual and unbiased in your professional judgement.</p> <ul style="list-style-type: none">• Style: It is a business email.• Time: 45 minutes. <p>Start writing after the horizontal line:</p> <hr/> <p>From: To: Subject: --</p>	
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		Based on her Symptoms I	
11.01		<p>Dear Dr. Lisa Cuddy,</p> <p>As I am going to leave for my four-week holiday I just wanted to let you know about my young patient Jessica Boyd(?) who presented to me yesterday.</p> <p>Based on her Symptoms I would</p> <p>Situation: You are Dr. Merinstein, Jessica's treating physician. As you are just about to leave for a four-week vacation, you want to make sure that your holiday replacement, Dr. Lisa Cuddy, is aware of Jessica's situation as she will most likely be one of her first key patients.</p> <p>Objective: Write an email (300-400 words max.) to Dr. Lisa Cuddy in which you introduce the patient, describe the presenting symptoms (complaints), provide a diagnosis and recommend a treatment plan for her. Be factual and unbiased in your professional judgement.</p> <ul style="list-style-type: none"> • Style: It is a business email. • Time: 45 minutes. 	

		<p>Start writing after the horizontal line:</p> <hr/> <p>From: To: Subject: --</p> <p>Based on her Symptoms I</p>	
11.02 WM	Matthias Gerber 11:02 AM okay, i guess ill do the treatment plan as marwin is already linked to the intro <hr/>	<p>3. Your text:</p> <p>Dear Dr. Lisa Cuddy,</p> <p>As I am going to leave for my four-week holiday tomorrow I just wanted to let you know about a my young patient Jessica Boyd(?!) who presented to me yesterday, Jessica Boyd(?!). :-</p> <p>Based on her Symptoms it's safe to assume I would</p>	

11.02		<p>3. Your text:</p> <p>Dear Dr. Lisa Cuddy,</p> <p>As I am going to leave for my four-week holiday tomorrow I just wanted to let you know about a young patient who presented to me yesterday, Jessica Boyd(?!).</p> <p>Based on her Symptoms it's safe to assume that she has anorexia nervosa</p> <p>Situation: You are Dr. Merinstein, Jessica's treating physician. As you are just about to leave for a four-week vacation, you want to make sure that your holiday replacement, Dr. Lisa Cuddy, is aware of Jessica's situation as she will most likely be one of her first key patients.</p> <p>Objective: Write an email (300-400 words max.) to Dr. Lisa Cuddy in which you introduce the patient, describe the presenting symptoms (complaints), provide a diagnosis and</p>	

		<p>recommend a treatment plan for her. Be factual and unbiased in your professional judgement.</p> <ul style="list-style-type: none">• Style: It is a business email.• Time: 45 minutes. <p>Start writing after the horizontal line:</p> <hr/> <p>From: To: Subject: --</p> <p>Treatment:</p>	
	<p>1.03 Marwin Merklin 11:03 AM you can do it if you want i just started right away i don't mind</p> <hr/> <p>Anna Schulnitz</p>		

WM	11:03 AM you know the treatment? ok _____		
WM CS WM WM	11.04 Matthias Gerber 11:04 AM no, its okay. you already begun with it and i think the intro flows into symptoms thats okay i know a bit bout treatment. but later on you could add things and/or correct _____ Anna Schulnitz 11:04 AM okay maybe i add some "stichpunkte" and you will form whole senetneces ? _____ Matthias Gerber 11:04 AM great _____	<p>3. Your text:</p> <p>Dear Dr. Lisa Cuddy,</p> <p>As I am going to leave for my four-week holiday tomorrow I just wanted to let you know about a young patient who presented to me yesterday, Jessica Boyd(?!).</p> <p>First of all you have to know Jessica appeared with her father which probably made her answer my questions a bit</p> <p>-Based on her Symptoms it's safe to assume that she has anorexia nervosa.</p> <p>...</p>	
	11.05	3. Your text:	

		<p>Dear Dr. Lisa Cuddy,</p> <p>As I am going to leave for my four-week holiday tomorrow I just wanted to let you know about a young patient who presented to me yesterday, Jessica Boyd(?!).</p> <p>First of all you have to know Jessica appeared with her father which probably made her answer my questions a bit reluctant and too short. So after I</p> <p>Based on her Symptoms it's safe to assume that she has anorexia nervosa.</p> <p>Treatment plan:</p> <ul style="list-style-type: none">- prompt weight restoration: caloric intake of approx. 1200-1500 kcal- in case of children: engaging the family- monitoring the patient's weight <p>in some cases: hospitalization with referring and Supplemental overnight nasogastric feeding (close monitoring!)</p>	
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WM

		<p>Treatment:</p> <p>Our primary goal for her medical treatment</p>	
11.06	<p>Anna Schulnitz 11:06 AM why did you delete it ?</p> <hr/>	<p>3. Your text:</p> <p>Dear Dr. Lisa Cuddy,</p> <p>As I am going to leave for my four-week holiday tomorrow I just wanted to let you know about a young patient who presented to me yesterday, Jessica Boyd(?!). She seems to be</p> <p>First of all you have to know Jessica appeared with her father which probably made her answer my questions a bit reluctant and too short. So after I</p> <p>Based on her Symptoms it's safe to assume that she has anorexia nervosa.</p> <p>Treatment plan:</p> <ul style="list-style-type: none"> — prompt weight restoration: caloric intake of approx. 1200-1500 kcal — in case of children: engaging the family — monitoring the patient's weight 	

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11.07	<p>Matthias Gerber 11:07 AM oh sorry - i didnt i just copy and pasted it at the end i thought it was for me wasnt it? _____</p>	<p>3. Your text:</p> <p>Dear Dr. Lisa Cuddy,</p> <p>As I am going to leave for my four-week holiday tomorrow I just wanted to let you know about a young patient who</p>	

WM

<p>WM</p> <p>WM</p>	<p>Anna Schulnitz 11:07 AM hmm i have nothing to do its okay it was everything ok</p> <hr/> <p>Matthias Gerber 11:07 AM kk</p> <hr/>	<p>presented to me yesterday, Jessica Boyd(?!). She seems to be a promising</p> <p>First of all you have to know Jessica appeared with her father which probably made her answer my questions a bit reluctant and too short. So after I</p> <p>Based on her Symptoms it's safe to assume that she has anorexia nervosa.</p> <p>Treatment plan:</p> <ul style="list-style-type: none"> - prompt weight restoration: caloric intake of approx. 1200-1500 kcal - in case of children: engaging the family - monitoring the patient's weight <p>in some cases: hospitalization with referring and Supplemental overnight nasogastric feeding (close monitoring!)</p> <p>Situation:</p>	
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		<ul style="list-style-type: none"> - monitoring the patient's weight <p>in some cases: hospitalization with referring and Supplemental overnight nasogastric feeding (close monitoring!)</p> <p>Treatment: Our primary goal for her medical treatment</p>	
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		<p>approx. 1200-1500 kcal</p> <ul style="list-style-type: none"> - in case of children: engaging the family - monitoring the patient's weight <p>in some cases: hospitalization with referring and Supplemental overnight nasogastric feeding (close monitoring!)</p> <p>...</p>	
11.08		<p>3. Your text:</p> <p>Dear Dr. Lisa Cuddy,</p> <p>As I am going to leave for my four-week holiday tomorrow I just wanted to let you know about a young patient who presented to me yesterday, Jessica Boyd(?!). She seems to be a promising athlete having some of the typical teenage problems, but is meant to be quite a <i>decent girl after all</i>.</p> <p>First of all you have to know Jessica appeared with her father which probably made her answer my questions a bit reluctant and too short. So after I</p> <p>Based on her Symptoms it's safe to assume that she has anorexia nervosa.</p>	

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		<p>Based on her Symptoms it's safe to assume that she has anorexia nervosa as the major sy-</p> <p>Treatment plan:</p> <ul style="list-style-type: none"> - prompt weight restoration: caloric intake of approx. 1200-1500 kcal - in case of children: engaging the family - monitoring the patient's weight <p>in some cases: hospitalization with referring and Supplemental overnight nasogastric feeding (close monitoring!)</p> <p>...</p>	
11.10		<p>3. Your text:</p> <p>Dear Dr. Lisa Cuddy,</p> <p>As I am going to leave for my four-week holiday tomorrow I just wanted to let you know about a young patient who presented to me yesterday, Jessica Boyd(?!). She seems to be a promising athlete having some of the typical teenage problems, but is meant to be quite a decent girl after all. First of all you have to know Jessica appeared with her father who turned out to be her coach and probably wants her to be a professional later on. That kind of made her answer my questions a bit reluctant and too short. After</p>	

		<p>requesting him out</p> <p>Based on her Symptoms it's safe to assume that she has anorexia nervosa, the -as the major symptoms just as</p> <p>Treatment plan:</p> <ul style="list-style-type: none"> - prompt weight restoration: caloric intake of approx. 1200-1500 kcal - in case of children: engaging the family - monitoring the patient's weight <p>in some cases: hospitalization with referring and Supplemental overnight nasogastric feeding (close monitoring!)</p> <p>...</p> <p>Treatment: Our primary goal for her medical treatment should be a nutritional counselling.</p>	
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11.11		<p>...</p> <p>Treatment:</p> <p>Our primary goal for her medical treatment should be a nutritional counselling. Besides from that precise monitoring of her weight and calory intake</p>	
11.12		<p>3. Your text:</p>	

		<p>Dear Dr. Lisa Cuddy,</p> <p>As I am going to leave for my four-week holiday tomorrow I just wanted to let you know about a young patient who presented to me yesterday, Jessica Boyd(?!). She seems to be a promising athlete having some of the typical teenage problems, but is meant to be quite a decent girl after all. First of all you have to know Jessica appeared with her father who turned out to be her coach and probably wants her to be a professional later on. That kind of made her answer my questions a bit reluctant and too short. After requesting him out the situation changed a bit and she started revealing to me why she came here.</p> <p>Based on her Symptoms it's safe to assume that she has anorexia nervosa, but a mixture of the restricting type and the bingeing type. She does compulsive exercises</p> <p>Treatment plan:</p> <ul style="list-style-type: none">- prompt weight restoration: caloric intake of approx. 1200-1500 kcal- in case of children: engaging the family- monitoring the patient's weight <p>in some cases: hospitalization with referring and Supplemental overnight nasogastric feeding (close monitoring!)</p>	
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11.13		<p>3. Your text:</p> <p>Dear Dr. Lisa Cuddy,</p> <p>As I am going to leave for my four-week holiday tomorrow I just wanted to let you know about a young patient who presented to me yesterday, Jessica Boyd(?!). She seems to</p>	

		<p>be a promising athlete having some of the typical teenage problems, but is meant to be quite a decent girl after all. First of all you have to know Jessica appeared with her father who turned out to be her coach and probably wants her to be a professional later on. That kind of made her answer my questions a bit reluctant and too short. After requesting him out the situation changed a bit and she started revealing to me why she came here.</p> <p>Jessica is used to not having breakfast at</p> <p>Based on her Symptoms it's safe to assume that she has anorexia nervosa, but a mixture of the restricting type and the bingeing type. She does compulsive exercises in order to lose weight. Additionally she</p> <p>Treatment plan: ... Treatment plan:</p> <ul style="list-style-type: none"> - prompt weight restoration: caloric intake of approx. 1200-1500 kcal - in case of children: engaging the family - monitoring the patient's weight <p>in some cases: hospitalization with referring and Supplemental overnight nasogastric feeding (close monitoring!)</p> <p>Treatment:</p>	
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11.13		<p>3. Your text:</p> <p>Dear Dr. Lisa Cuddy,</p> <p>As I am going to leave for my four-week holiday tomorrow I just wanted to let you know about a young patient who presented to me yesterday, Jessica Boyd(?!). She seems to be a promising athlete having some of the typical teenage problems, but is meant to be quite a decent girl after all. First of all you have to know Jessica appeared with her father who turned out to be her coach and probably wants her to be a professional later on. That kind of made her answer my questions a bit reluctant and too short. After requesting him out the situation changed a bit and she started revealing to me why she came here. Jessica is used to not having breakfast at all for some time now</p> <p>Based on her Symptoms it's safe to assume that she has anorexia nervosa, but a mixture of the restricting type and the bingeing type. She does compulsive exercises in order to lose weight. Additionally she committed to</p>	

		<p>Treatment plan:</p> <p>...</p> <p>Treatment:</p> <p>Our primary goal for her medical treatment should be a nutritional counselling. Besides from that precise monitoring of her weight (incl. gain and loss) and daily calorie intake is essential. Depending on these results further steps have to be chosen.</p>	
11.14		<p>3. Your text:</p> <p>Dear Dr. Lisa Cuddy,</p> <p>As I am going to leave for my four-week holiday tomorrow I just wanted to let you know about a young patient who presented to me yesterday, Jessica Boyd(?!). She seems to be a promising athlete having some of the typical teenage problems, but is meant to be quite a decent girl after all. First of all you have to know Jessica appeared with her father who turned out to be her coach and probably wants her to be a professional later on. That kind of made her answer my questions a bit reluctant and too short. After requesting him out the situation changed a bit and she started revealing to me why she came here. Jessica is used to not having breakfast at all for some time now</p>	

		<p>Based on her Symptoms it's safe to assume that she has anorexia nervosa, but a mixture of the restricting type and the binge type. She does compulsive exercises in order to lose weight. Additionally she committed to be nauseas at some time .</p> <p>Treatment plan:</p> <p>...</p> <p>Treatment:</p> <p>Our primary goal for her medical treatment should be a nutritional counselling. Besides from that precise monitoring of her weight (incl. gain and loss) and daily calorie intake is essential. Depending on these results further steps have to be chosen. In case of her BMI <</p>	
11.16		<p>3. Your text:</p> <p>Dear Dr. Lisa Cuddy,</p> <p>As I am going to leave for my four-week holiday tomorrow I just wanted to let you know about a young patient who presented to me yesterday, Jessica Boyd(?!). She seems to be a promising athlete having some of the typical teenage problems, but is meant to be quite a decent girl after all. First of all you have to know Jessica appeared with her</p>	

		<p>father who turned out to be her coach and probably wants her to be a professional later on. That kind of made her answer my questions a bit reluctant and too short. After requesting him out the situation changed a bit and she started revealing to me why she came here.</p> <p>Jessica is used to not having breakfast at all for some time now and prefers salad, low calory meals or energy drinks when she decides to have something anyway.</p> <p>Based on her Symptoms it's safe to assume that she has anorexia nervosa, but a mixture of the restricting type and the bingeing type. She does compulsive exercises and calory counting in order to lose weight. Additionally she committed to be nauseas at some time . The Patient also suffered of amenorrhoe.</p> <p>Treatment plan:</p> <p>...</p> <p>Treatment plan:</p> <ul style="list-style-type: none"> - prompt weight restoration: caloric intake of approx. 1200-1500 kcal - in case of children: enganging the family - monitoring the patient's weight <p>in some cases: hospitalization with referring and Supplemental overnight nasogastric feeding (close monitoring!)</p>	
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		<p>Treatment:</p> <p>Our primary goal for her medical treatment should be a nutritional counselling. Besides from that precise monitoring of her weight (incl. gain and loss) and daily calorie intake is essential.</p> <p>Depending on these results further steps have to be chosen.</p> <p>In case of her BMI ←</p>	
WM WM E	<p>11.17</p> <p>Anna Schulnitz 11:17 AM how many words dowe have ??</p> <hr/> <p>Matthias Gerber 11:17 AM i have bout 25 ;)</p> <hr/>		
	11.18	<p>Dear Dr. Lisa Cuddy,</p> <p>As I am going to leave for my four-week holiday tomorrow I just wanted to let you know about a young patient who presented to me yesterday, Jessica Boyd(?!). She seems to be a promising athlete having some of the typical teenage problems, but is meant to be quite a decent girl after all. First of all you have to know Jessica appeared with her father who turned out to be her coach and probably wants her to be a professional later on. That kind of made her</p>	

		<p>answer my questions a bit reluctant and too short. After requesting him out the situation changed a bit and she started revealing to me why she came here.</p> <p>Jessica is used to not having breakfast at all for some time now and prefers salad, low calory meals or energy drinks when she decides to have something anyway. The fact that she is trying to loose weight does not seem to be farfetched then.</p> <p>Based on her Symptoms it's safe to assume that she has anorexia nervosa, but a mixture of the restricting type and the bingeing type. She does compulsive exercises and calory counting in order to lose weight. Additionally she committed to be nauseas at some time . The Patient also suffered of amenorrhoe.</p> <p>...</p> <p>Treatment:</p> <p>Our primary goal for her medical treatment should be a nutritional counselling. Besides from that precise monitoring of her weight (incl. gain and loss) and daily calorie intake is essential.</p> <p>But we should be aware of any comorbidities as well.</p>	
11.19		<p>Treatment:</p> <p>Our primary goal for her medical treatment should be a nutritional counselling. Besides from that precise monitoring of her weight (incl. gain and loss) and daily calorie intake is essential.</p>	

		But we should be aware of any comorbidities as well. So in the first step i	
11.19		<p>...</p> <p>Treatment:</p> <p>Our primary goal for her medical treatment should be a nutritional counselling. Besides from that precise monitoring of her weight (incl. gain and loss) and daily calorie intake is essential.</p> <p>But we should be aware of any comorbidities as well. So in the first step we should i</p>	
11.20		<p>...</p> <p>Dear Dr. Lisa Cuddy,</p> <p>As I am going to leave for my four-week holiday tomorrow I just wanted to let you know about a young patient who presented to me yesterday, Jessica Boyd(?!). She seems to be a promising athlete having some of the typical teenage problems, but is meant to be quite a decent girl after all. First of all you have to know Jessica appeared with her father who turned out to be her coach and probably wants her to be a professional later on. That kind of made her answer my questions a bit reluctant and too short. After requesting him out the situation changed a bit and she started revealing to me why she came here.</p> <p>Jessica is used to not having breakfast at all for some time now and prefers salad, low calory meals or energy drinks when she decides to have something anyway. The fact that</p>	

		<p>she is trying to loose weight does not seem to be farfetched then.</p> <p>Based on her Symptoms it's safe to assume that she has anorexia nervosa, but a mixture of the restricting type and the binging type. She does compulsive exercises and calory counting in order to lose weight. Additionally she committed to be nauseas at some time . The Patient also suffered of amenorrhoe.</p> <p>...</p>	
WM	<p>11.21 Anna Schulnitz 11:21 AM we have at about 230 250 i mean Dear Dr. Lisa Cuddy,</p> <p>As I am going to leave for my four-week holiday tomorrow I just wanted to let you know about a young patient who presented to me yesterday, Jessica Boyd(?!). She seems to be a promising athlete having some of the typical teenage problems, but is meant to be quite a decent girl after all. First of all you have to know Jessica appeared with her</p>		

	<p>father who turned out to be her coach and probably wants her to be a professional later on. That kind of made her answer my questions a bit reluctant and too short. After requesting him out the situation changed a bit and she started revealing to me why she came here.</p> <p>Jessica is used to not having breakfast at all for some time now and prefers salad, low calory meals or energy drinks when she decides to have something anyway.</p> <p>Based on her Symptoms it's safe to assume that she has anorexia nervosa, but a mixture of the restricting type and the binging type. She does compulsive exercises and calory counting in order to lose weight. Additionally she committed to be nauseas at some time . The Patient also suffered of amenorrhoe.</p> <p>sorry wrong marwin you have TOO much so write</p> <p>_____</p>		
11.22	Marwin Merklin	...	

WM
E

WM

<p>11:22 AM two more sentences ;) and then i will have a look what can be crossed out</p> <hr/>	<p>Dear Dr. Lisa Cuddy,</p> <p>As I am going to leave for my four-week holiday tomorrow I just wanted to let you know about a young patient who presented to me yesterday, Jessica Boyd(?!). She seems to be a promising athlete having some of the typical teenage problems, but is meant to be quite a decent girl after all. First of all you have to know Jessica appeared with her father who turned out to be her coach and probably wants her to be a professional later on. That kind of made her answer my questions a bit reluctant and too short. After requesting him out the situation changed a bit and she started revealing to me why she came here. Jessica is used to not having breakfast at all for some time now and prefers salad, low calory meals or energy drinks when she decides to have something anyway. The fact that she is trying to loose weight does not seem to be farfetched then. I wanted to know sth. about her daily routine whereon she admitted to sometimes throw up after eating which - she pointed out - mus</p> <p>Based on her Symptoms it's safe to assume that she has anorexia nervosa, but a mixture of the restricting type and the bingeing type. She does compulsive exercises and calory counting. Additionally she committed to be nauseas at some time . The Patient also suffered of amenorrhoe.</p> <p>...</p> <p>Treatment:</p> <p>Our primary goal for her medical treatment should be a nutritional counselling. Besides from that precise monitoring of her weight (incl. gain and loss) and daily calorie intake is</p>	
<p>Anna Schulnitz 11:22 AM can i correct the beginning of you're text ?</p> <hr/>		

		<p>essential. But we should be aware of any comorbidities as well. So in the first step we should gather them in a full examination depending on her symptoms she told.</p>	
11.22		<p>...</p> <p>Jessica is used to not having breakfast at all for some time now and prefers salad, low calory meals or energy drinks when she decides to have something anyway. The fact that she is trying to loose weight does not seem to be farfetched then. I wanted to know sth. about her daily routine whereon she admitted to sometimes throw up after eating which - she pointed out - must have affected her running times already.</p> <p>Based on her Symptoms it's safe to assume that she has anorexia nervosa, but a mixture of the restricting type and the binging type. She does compulsive exercises and calory counting. Additionally she mentionedcommitted to be nauseas at some time . The Patient also suffered of amenorrhoe.</p> <p>...</p> <p>Treatment: Our primary goal for her medical treatment should be a nutritional counselling. Besides from that precise monitoring of her weight (incl. gain and loss) and daily calorie intake is essential. But we should be aware of any comorbidities as well. So in</p>	

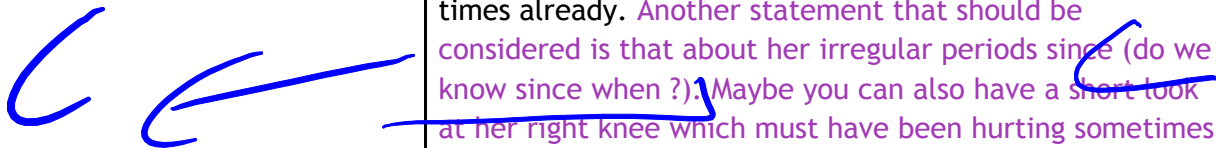
WM
CS
11.0 - LKE

		<p>the first step we should gather them in a full examination depending on her symptoms she told.</p> <p>Secondly</p>	
11.23	<p>Marwin Merklin 11:23 AM yep</p> <hr/> <p>Anna Schulnitz 11:23 AM more like " ich möchte ihnen eine patientin vorstellen" it's not important that he's leaving for holidays</p> <hr/>	<p>...</p> <p>Treatment:</p> <p>Our primary goal for her medical treatment should be a nutritional counselling. Besides from that precise monitoring of her weight (incl. gain and loss) and daily calorie intake is essential.</p> <p>But we should be aware of any comorbidities as well. So in the first step we should gather them in a full examination depending on her symptoms she told.</p> <p>Secondly we should consult an</p>	
11.23		<p>...</p> <p>Treatment:</p> <p>Our primary goal for her medical treatment should be a nutritional counselling. Besides from that precise monitoring of her weight (incl. gain and loss) and daily calorie intake is essential.</p> <p>But we should be aware of any comorbidities as well. So in the first step we should gather them in a full examination depending on her symptoms she told.</p> <p>Secondly we should consult a gynecologist about her amenorrhoe.¶</p>	

11.24		<p>...</p> <p>Treatment:</p> <p>Our primary goal for her medical treatment should be a nutritional counselling. Besides from that precise monitoring of her weight (incl. gain and loss) and daily calorie intake is essential.</p> <p>But we should be aware of any comorbidities as well. So in the first step we should gather them in a full examination depending on her symptoms she told.</p> <p>Secondly we should consult a gynecologist about her amenorrhoe -</p>	
11.27	<p>Anna Schulnitz 11:27 AM be factual and unbiased please</p> <hr/> <p>Marwin Merklin 11:27 AM do we know since when she had irregular periods</p> <hr/>	<p>3. Your text:</p> <p>Dear Dr. Lisa Cuddy,</p> <p>I want to introduce a patient to you, Jessica Boyd, who presented to me last week As I am going to leave for my four-week holiday tomorrow I just wanted to let you know about a young patient who presented to me yesterday, Jessica Boyd(?!). She seems to be a promising athlete having some of the typical teenage problems, but is meant to be quite a decent girl after all.</p> <p>JFirst of all you have to know Jessica appeared with her father who turned out to be her coach and probably wants her to be a professional later on. That kind of made her answer my questions a bit reluctant and too short. After requesting him out the situation changed a bit and she started revealing to me why she came here.</p>	

no - check

C

		<p>Jessica is used to not having breakfast at all for some time now and prefers salad, low calory meals or energy drinks when she decides to have something anyway. The fact that she is trying to loose weight does not seem to be farfetched then. I wanted to know sth. about her daily routine whereon she admitted to sometimes throw up after eating which - she pointed out - must have affected her running times already. <u>Another statement that should be considered is that about her irregular periods since (do we know since when ?).</u> Maybe you can also have a short look <u>at her right knee which must have been hurting sometimes according to her father. I acutally don´t assume big troubles behind that.</u></p> <p>Based on her Symptoms it's safe to assume that she has anorexia nervosa, but a mixture of the restricting type and the binging type. She does compulsive exercises and calory counting. Additionally she mentioned to be nauseas at some time . The Patient also suffered of amenorrhoe.</p> <p>...</p> <p>Treatment:</p> <p>Our primary goal for her medical treatment should be a nutritional counselling. Besides from that precise monitoring of her weight (incl. gain and loss) and daily calorie intake is essential.</p> <p>But we should be aware of any comorbidities as well. So in the first step we should gather them in a full examination depending on her symyptoms she told.</p> <p>Secondly we should consult a gynecologist about her amenorrhoe.</p>	
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		In the end we should send Jessica to a therapist. Involvement of her family would be tremendously helpful	
11.27		<p>...</p> <p>Treatment:</p> <p>Our primary goal for her medical treatment should be a nutritional counselling. Besides from that precise monitoring of her weight (incl. gain and loss) and daily calorie intake is essential.</p> <p>But we should be aware of any comorbidities as well. So in the first step we should gather them in a full examination depending on her symptoms she told.</p> <p>Secondly we should consult a gynecologist about her amenorrhoe.</p> <p>In the end we should send Jessica to a therapist.</p> <p>Involvement of her family would be tremendously helpful</p>	
<div>WM</div> <div>WM</div> 11.28	<p>Anna Schulnitz 11:28 AM i'll watch the video</p> <hr/> <p>Marwin Merklin 11:28 AM okay thanks you, i will go through the text again</p> <hr/>	<p>...</p> <p>Based on her Symptoms it's safe to assume that she has anorexia nervosa, but a mixture of the restricting type and the bingeing type. She does compulsive exercises and calory counting. Additionally she mentioned to be nauseas at some time . The Patient also suffered of amenorrhoe.</p> <p>Treatment plan:</p>	

		<p>— prompt weight restoration: caloric intake of approx. 1200-1500 kcal</p> <p>— in case of children: engaging the family</p> <p>— monitoring the patient's weight</p> <p>in some cases: hospitalization with referring and Supplemental overnight nasogastric feeding (close monitoring!)</p> <p>...</p> <p>Treatment:</p> <p>Our primary goal for her medical treatment should be a nutritional counselling. Besides from that precise monitoring of her weight (incl. gain and loss) and daily calorie intake is essential.</p> <p>But we should be aware of any comorbidities as well. So in the first step we should gather them in a full examination depending on her symptoms she told.</p> <p>Secondly we ought to should consult a gynecologist about her amenorrhoe.</p> <p>In the end we should send Jessica to a therapist.</p> <p>Involvement of her family would be tremendously helpful</p>	
11.29		<p>...</p> <p>Treatment:</p> <p>Our primary goal for her medical treatment should be a nutritional counselling. Besides from that precise monitoring of her weight (incl. gain and loss) and daily calorie intake is essential.</p>	

		<p>But we should be aware of any comorbidities as well. So in the first step we should gather them in a full examination depending on her symptoms she told.</p> <p>Secondly we ought to consult a gynecologist about her amenorrhoe.</p> <p>In the end we should send Jessica to a therapist.</p> <p>Involvement of her family would be tremendously helpful so I want you to</p>	
11.29		<p>...</p> <p>Dear Dr. Lisa Cuddy,</p> <p>I want to introduce a patient to you, Jessica Boyd, who presented to me last week. She seems to be a promising athlete having some of the typical teenage problems, but is meant to be quite a decent girl after all.</p> <p>Jessica appeared with her father who turned out to be her coach and probably wants her to be a professional later on. That kind of made her answer my questions a bit reluctant and too short. After requesting him out the situation changed a bit and she started revealing to me why she came here.</p> <p>Jessica is used to not having breakfast at all for some time now and prefers salad, low- calory meals or energy drinks when she decides to have something anyway. The fact that she is trying to loose weight does not seem to be farfetched then. I wanted to know sth. about her daily routine whereon she admitted to sometimes throw up after eating which - she pointed out - must have affected her running</p>	

		<p>times already. Another statement that should be considered is that she began to have about her irregular periods since (do we know since when?). Maybe you can also have a short look at her right knee which must have been hurting sometimes according to her father. I acutally don't assume big troubles behind that.</p> <p>...</p> <p>Treatment:</p> <p>Our primary goal for her medical treatment should be a nutritional counselling. Besides from that precise monitoring of her weight (incl. gain and loss) and daily calorie intake is essential.</p> <p>But we should be aware of any comorbidities as well. So in the first step we should gather them in a full examination depending on her symptoms she told.</p> <p>Secondly we ought to consult a gynecologist about her amenorrhoe.</p> <p>In the end we should send Jessica to a therapist.</p> <p>Involvement of her family would be tremendously helpful so I want you to prepare Jessica and if she agrees her father afterwards as well.</p>	
<p>Mo -</p> <p>C</p>	<p>11.30</p> <p>Anna Schulnitz</p> <p>11:30 AM</p> <p>make it more "professional"</p> <p>less assuming</p> <p>it was 3 months</p> <p>_____</p>	<p>...</p> <p>Jessica is used to not having breakfast at all for some time now and prefers salad, low- calory meals or energy drinks when she decides to have something anyway. The fact that she is trying to loose weight does not seem to be farfetched then. I wanted to know sth. about her daily routine whereon she admitted to sometimes throw up after eating</p>	

		<p>which - she pointed out - must have affected her running times already. Another statement that should be considered is that she began to have irregular periods since (do we know since when ?). Maybe you can also have a short look at her right knee which - according to her father - started must have been hurting especially right after trainings sometimes according to her father. I acutally don´t assume big troubles behind that.</p> <p>Based on her Symptoms it's safe to assume that she has anorexia nervosa, but a mixture of the restricting type and the bingeing type. She does compulsive exercises and calory counting. Additionally she mentioned to be nauseas at some time . The Patient also suffered of amenorrhoe for three months, which is a sign for anorexia nervosa.</p> <p>...</p> <p>Treatment:</p> <p>Our primary goal for her medical treatment should be a nutritional counselling. Besides from that precise monitoring of her weight (incl. gain and loss) and daily calorie intake is essential.</p> <p>But we should be aware of any comorbidities as well. So in the first step we should gather them in a full examination depending on her symptomssymptoms she told.</p> <p>Secondly we ought to consult a gynecologist about her amenorrhoe.</p> <p>In the end we should send Jessica to a therapist.</p> <p>Involvement of her family would be tremendously helpful so I want you to prepare Jessica and if she agrees her father afterwards as well.</p>	
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<p>WM</p> <p>CS</p> <p>CS</p> <p>E</p>	<p>11.31 Matthias Gerber 11:31 AM i guess im finished - anna could you please look through it?</p> <hr/> <p>Anna Schulnitz 11:31 AM matthias please fill in your text right under our texts</p> <hr/> <p>Matthias Gerber 11:31 AM kk "Start writing after the horizontal line:" :-D</p> <hr/>	<p>3. Your text:</p> <p>Dear Dr. Lisa Cuddy,</p> <p>I want to introduce a patient to you, Jessica Boyd, who presented to me last week. She seems to be a promising athlete having some of the typical teenage problems, but is meant to be quite a decent girl after all. Jessica appeared with her father who turned out to be her coach and probably wants her to be a professional later on. That kind of made her answer my questions a bit reluctant and too short. After requesting him out the situation changed a bit and she started revealing to me why she came here. Jessica is used to not having breakfast at all for some time now and prefers salad, low- calory meals or energy drinks when she decides to have something anyway. The fact that she is trying to loose weight does not seem to be farfetched then. I wanted to know sth. about her daily routine whereon she admitted to sometimes throw up after eating which - she pointed out - must have affected her running times already. Another statement that should be considered is that she began to have irregular periods since about three months(do we know since when?). Maybe you can also have a short look at her right knee which - according to her father - started hurting especially right after training . I acutally don't assume big troubles behind that.</p>	
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		<p>Based on her Symptoms it's safe to assume that she has anorexia nervosa, but a mixture of the restricting type and the bingeing type. She does compulsive exercises and calory counting. Additionally she mentioned to be nauseas at some time . The Patient also suffered of amenorrhoe for three months, which is a sign for anorexia nervosa.</p> <p>Treatment plan: Our primary goal for her medical treatment should be a nutritional counselling. Besides from that precise monitoring of her weight (incl. gain and loss) and daily calorie intake is essential. But we should be aware of any comorbidities as well. So in the first step we should gather them in a full examination depending on her symptoms she told. Secondly we ought to consult a gynecologist about her amenorrhoe. In the end we should send Jessica to a therapist. Involvement of her family would be tremendously helpful so I want you to prepare Jessica and if she agrees her father afterwards as well.</p>	
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		<p>Situation:</p> <p>You are Dr. Merinstein, Jessica's treating physician. As you are just about to leave for a four-week vacation, you want to make sure that your holiday replacement, Dr. Lisa Cuddy, is aware of Jessica's situation as she will most likely be one of her first key patients.</p> <p>Objective:</p> <p>Write an email (300-400 words max.) to Dr. Lisa Cuddy in which you introduce the patient, describe the presenting symptoms (complaints), provide a diagnosis and recommend a treatment plan for her. Be factual and unbiased in your professional judgement.</p> <ul style="list-style-type: none">• Style: It is a business email.• Time: 45 minutes. <p>Start writing after the horizontal line:</p> <hr/> <p>From: To: Subject: --</p> <p>Treatment plan:</p>	
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		<p>— prompt weight restoration: caloric intake of approx. 1200-1500 kcal</p> <p>— in case of children: engaging the family</p> <p>in some cases: hospitalization with referring and Supplemental overnight nasogastric feeding (close monitoring!)</p> <p>Treatment:</p> <p>Our primary goal for her medical treatment should be a nutritional counselling. Besides from that precise monitoring of her weight (incl. gain and loss) and daily caloric intake is essential.</p> <p>But we should be aware of any comorbidities as well. So in the first step we should gather them in a full examination depending on her symptoms she told.</p> <p>Secondly we ought to consult a gynecologist about her amenorrhoe.</p> <p>In the end we should send Jessica to a therapist.</p> <p>Involvement of her family would be tremendously helpful so I want you to prepare Jessica and if she agrees her father afterwards as well.</p>	
11.32		<p>...</p> <p>Start writing after the horizontal</p>	

		line: <hr/> From: Dr. Merinstein@sprazresearch.com To: Subject: --	
11.33		3. Your text: Dear Dr. Lisa Cuddy, I want to introduce a patient to you, Jessica Boyd, who presented to me last week. She seems to be a promising athlete having some of the typical teenage problems, but is meant to be quite a decent girl after all. Jessica appeared with her father who turned out to be her coach and probably wants her to be a professional later on. That kind of made her answer my questions a bit reluctant and too short. After requesting him out the situation changed a bit and she started revealing to me why she came here. Jessica is used to not having breakfast at all for some time now and prefers salad, low- calory meals or energy drinks when she decides to have something anyway. The fact that she is trying to loose weight does not seem to be farfetched then. I wanted to know sth. about her daily routine whereon she admitted to sometimes throw up after eating	

		<p>which - she pointed out - must have affected her running times already. Another statement that should be considered is that she began to have irregular periods since about three months. Maybe you can also have a short look at her right knee which - according to her father - started hurting especially right after training . I acutally don´t assume big troubles behind that.</p> <p>Diagnosis:</p> <p>Based on her Symptoms it's safe to assume that she has anorexia nervosa, but a mixture of the restricting type and the binging type. She does compulsive exercises and calory counting. Additionally she mentioned to be nauseas at some time-. -The Patient also suffered of amenorrhoe for three months, which is a sign for anorexia nervosa.</p> <p>Treatment plan:</p> <p>Our primary goal for her medical treatment should be a nutritional counselling. Besides from that precise monitoring of her weight (incl. gain and loss) and daily calorie intake is essential.</p> <p>But we should be aware of any comorbidities as well. So in the first step we should gather them in a full examination depending on her symptoms she told. Her weight should be monitored regularly.</p> <p>Secondly we ought to consult a gynecologist about her amenorrhoe.</p>	
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		<p>In the end we should send Jessica to a therapist. Involvement of her family would be tremendously helpful so I want you to prepare Jessica and if she agrees her father afterwards as well.</p> <p>Situation: You are Dr. Merinstein, Jessica's treating physician. As you are just about to leave for a four-week vacation, you want to make sure that your holiday replacement, Dr. Lisa Cuddy, is aware of Jessica's situation as she will most likely be one of her first key patients.</p> <p>Objective: Write an email (300-400 words max.) to Dr. Lisa Cuddy in which you introduce the patient, describe the presenting symptoms (complaints), provide a diagnosis and recommend a treatment plan for her. Be factual and unbiased in your professional judgement.</p> <ul style="list-style-type: none">• Style: It is a business email.• Time: 45 minutes.	
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		Start writing after the horizontal line: <hr/> <p> From: Dr. Merinstein@sprazresearch.com To: Dr. Lisa Cuddy Subject: Patient introduction - Jessica Boyd -- </p>	
11.34 CS CS CS	<p> Marwin Merklin 11:34 AM anna, the to you in the first sentence can be left out i think .. _____ </p> <p> Anna Schulnitz 11:34 AM ok _____ </p> <p> Marwin Merklin 11:34 AM so we don't have to you/to me twice _____ </p>	<p>3. Your text:</p> <p>Dear Dr. Lisa Cuddy,</p> <p> I want to introduce a patient to you, Jessica Boyd, who presented to me last week. She seems to be a promising athlete having some of the typical teenage problems, but is meant to be quite a decent girl after all. Jessica appeared with her father who turned out to be her coach and probably wants her to be a professional later on. That kind of made her answer my questions a bit reluctant and too short. After requesting him out the situation changed a bit and she started revealing to me why she came here. </p> <p>...</p>	

<p>(S)</p> <p>no-UKF</p>	<p>11.35 Anna Schulnitz 11:35 AM just do it thats gooD! The fact that she is trying to loose weight does not seem to be farfetched then i'm not very happy about this expressionwith</p> <hr/>		
<p>WM</p> <p>WM</p>	<p>11.36 Marwin Merklin 11:36 AM are we finished with writing ? we should copy it down under the horizontal line</p> <hr/> <p>Anna Schulnitz 11:36 AM ok</p>	<p>3. Your text:</p> <p>Dear Dr. Lisa Cuddy,</p> <p>I want to introduce a patient, Jessica Boyd, who presented to me last week. She seems to be a promising athlete having some of the typical teenage problems, but is meant to be quite a decent girl after all.</p> <p>Jessica appeared with her father who turned out to be her coach and probably wants her to be a professional later on. That kind of made her answer my questions a bit reluctant and too short. After requesting him out the situation changed a bit and she started revealing to me why she came here.</p> <p>Jessica is used to not having breakfast at all for some time now and prefers salad, low- calory meals or energy drinks when she decides to have something anyway. The fact that she is trying to loose weight does not seem to be farfetched then. I wanted to know sth. about her daily routine</p>	

		<p>whereon she admitted to sometimes throw up after eating which - she pointed out - must have affected her running times already. Another statement that should be considered is that she began to have irregular periods since about three months. Maybe you can also have a short look at her right knee which - according to her father - started hurting especially right after training . I acutally don´t assume big troubles behind that.</p> <p>Diagnosis:</p> <p>Based on her Symptoms it's safe to assume that she has anorexia nervosa, but a mixture of the restricting type and the binging type. She does compulsive exercises and calory counting. Additionally she mentioned to be nauseas at some time. The Patient also suffered of amenorrhoe for three months, which is a sign for anorexia nervosa.</p> <p>Treatment plan:</p> <p>Our primary goal for her medical treatment should be a nutritional counselling. Besides from that precise monitoring of her weight (incl. gain and loss) and daily calorie intake is essential. But we should be aware of any comorbidities as well.</p> <p>So in the first step we should gather them in a full examination depending on her symptoms she told. Her weight should be monitored regularly.</p> <p>Secondly we ought to consult a gynecologist about her</p>	
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		<p>amenorrhoe. In the end we should send Jessica to a therapist. Involvement of her family would be tremendously helpful so I want you to prepare Jessica and if she agrees her father afterwards as well.</p> <p>Situation: You are Dr. Merinstein, Jessica's treating physician. As you are just about to leave for a four-week vacation, you want to make sure that your holiday replacement, Dr. Lisa Cuddy, is aware of Jessica's situation as she will most likely be one of her first key patients.</p> <p>Objective: Write an email (300-400 words max.) to Dr. Lisa Cuddy in which you introduce the patient, describe the presenting symptoms (complaints), provide a diagnosis and recommend a treatment plan for her. Be factual and unbiased in your professional judgement.</p> <ul style="list-style-type: none">• Style: It is a business email.	
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		<ul style="list-style-type: none">• Time: 45 minutes. Start writing after the horizontal line: <hr/> <p>From: Dr. Merinstein@sprazresearch.com To: Dr. Lisa Cuddy Subject: Patient introduction - Jessica Boyd --</p> <p>Dear Dr. Lisa Cuddy,</p> <p>I want to introduce a patient, Jessica Boyd, who presented to me last week. She seems to be a promising athlete having some of the typical teenage problems, but is meant to be quite a decent girl after all.</p> <p>Jessica appeared with her father who turned out to be her coach and probably wants her to be a professional later on. That kind of made her answer my questions a bit reluctant and too short. After requesting him out the situation changed a bit and she started revealing to me why she came here.</p> <p>Jessica is used to not having breakfast at all for some time now and prefers salad, low- calory meals or energy drinks when she decides to have something anyway. The fact that she is trying to loose weight does not seem to be farfetched then. I wanted to know sth. about her daily routine</p>	
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